



Page 1 of 2 PD-990212

✓ Orignal□ Continuation

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

						Division Continuation-in-part	
						Supplemental	
As a below na	amed inven	tor, I hereby declare that:					
My residence	, post office	e address and citizenship are	as stated below nex	kt to my name.			
	ural names	al, first and sole inventor (if a are listed below) of the subject					
	SATEL	LITE READY BUILDIN	IG AND METHO	O FOR FORMIN	IG T	HE SAME	
the specificati	ion of which	١.		. •			
(check one)	✓	is attached hereto.			•		
		[other than supplemental	as Application as amended on o	or (b) [supplementa	l] with	and (a) amendments	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.							
I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Prior Foreign	Application	n(s)					
			_	-	Priori □ Ye:	ty Claimed s ✓ No	
N	lumber	Country	Day/Month/Yea	ar Filed			
below and, ir United States acknowledge to be materia	nsofar as the application the duty to to to patenta	efit under Title 35, United State subject matter of each of an in the manner provided by disclose to the United State ability as defined in Title 37, Of the prior application and the	f the claims of this a the first paragraph o es Patent and Traden Code of Fèderal Regu	application is not do of Title 35, United mark Office all infor ulations, §1.56 whice	isclos State: matio ch be	ed in the prior s Code §112, I n known to me came available	
Ap	oplication Seri	al No. "Filing	Date	Status (patented, pending,		oned	





I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Vijayalakshmi D. Duraiswamy, Michael W. Sales,

Registration No. 31,505 Registration No. 30,213

Address all telephone calls to (310) 662-9919.

Address all correspondence to **Customer Number 020991** (**Hughes Electronics Corporation**, **Patent Docket Administration**, Bldg. 001, M/S A109, PO Box 956, El Segundo, California 90245-0956).

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
Arthur W. Wang	Arthur W. 2/0	mes	3/30/00				
RESIDENCE (CITY AND STATE)		CITIZENS	HIP				
9002 Sorbonne Way, Buena Park, Californ	Taiwan	Taiwan					
POST OFFICE ADDRESS							
9002 Sorbonne Way, Buena Park, California 90620							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (CITY AND STATE)		CITIZENS	HIP				
POST OFFICE ADDRESS		. <u></u>					
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (CITY AND STATE)	<u> </u>	CITIZENS	L SHIP				
,							
POST OFFICE ADDRESS							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
TOLE WINE OF GOLL ON BOILT HAVENTON	INVERTORS SIGNATURE						
RESIDENCE (CITY AND STATE)	<u></u>	CITIZENS	HIP				
RESIDENCE (OIL LAND STATE)		OTTIZEING	,, ,,,,				
POST OFFICE ADDRESS		l .					
1 001 OFFICE ADDICESO							
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE				
FOLE NAME OF SOLE OR SOUNT INVENTOR	INVENTOR'S SIGNATURE		DATE				
RESIDENCE (CITY AND STATE)	1	CITIZENS	LIID				
RESIDENCE (CITT AND STATE)		CITIZENS	21 III				
DOCT OFFICE ADDRESS	****						
POST OFFICE ADDRESS							